



STATE OF DELAWARE
Department of Services for Children, Youth & Their Families

October 2, 2019

ISSUED BY: H. Ryan Bolles
DSCYF Procurement Administrator
302-633-2701

SUBJECT: **AWARD NOTICE**
CONTRACT NO. CYF 19-01
Insert Contract Name Behavioral Health Treatment and Supportive Service

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KEY CONTRACT INFORMATION

1. CONTRACT PERIOD

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Contracts were awarded at different times throughout the fiscal year each extending possibly through 9/30/2023 pending satisfactory performance and availability of funds. Each contractor's contract shall be eligible for four (4) one (1) year renewal periods through negotiation between the contractor and DSCYF. Negotiation may be initiated no later than ninety (90) days prior to the termination of the current agreement.

2. VENDORS

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Vendor Name: Autism Delaware, Inc. Address: 924 Old Harmony Road, Newark, DE 19713 Primary Contact Name: Brian Hall Phone: (302) 224-6020 Email: brian.hall@delautism.org FSF Number:	Vendor Name: Behavior Interventions, Inc. Address: 583 Shoemaker Road, Ste 230, King of Prussia, PA 19406 Primary Contact Name: Mary Miller Phone: (484) 324-8307 Email: mbm@behaviorinterventions.org FSF Number:
Vendor Name: Keystone dba Natchez Trace Address: 415 SEVEN HAWKS LANE WAVERLY, TN 37185 Primary Contact Name: PJ Moraci Phone: (860) 919-4894 Email: pj.moraci@uhsinc.com FSF Number:	Vendor Name: Keystone Newport News, LLC Address: 17579 WARWICK BLVD NEWPORT NEWS, VA Primary Contact Name: CHARDON RICH Phone: (757) 888-0400 Email: chardon.rich@uhsinc.com FSF Number:
Vendor Name: Sun Behavioral Delaware, LLC Address: 21655 BIDEN AVENUE GEORGETOWN, DE 19947 Primary Contact Name: Amy Wood Phone: (302) 604-5600 Email: awood@sundelaware.com FSF Number:	Vendor Name: The Village Services Address: 452 SOUTH ROBERTS ROAD ROSEMONT, PA 19010 Primary Contact Name: Michael Kellerman Phone: (610) 525-5400 Email: mkellerman@village1877.org FSF Number:
Vendor Name: UHS of Dover Address: 725 HORSEPOND ROAD DOVER, DE 19901 Primary Contact Name: JEAN-CHARLES CONSTANT Phone: (302) 892-4262 Email: jean-charles.constant@uhsinc.com FSF Number:	Vendor Name: UHS of Rockford Address: 100 ROCKFORD DRIVE Newark, DE 19713 Primary Contact Name: JOHN MCKENNA Phone: (302) 996-5480 Email: john.mckenna@uhsinc.com FSF Number:

3. PRICING

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This RFP solicited proposals for a vast variety of outpatient mental health services all paid at different Delaware Medicaid rates.

4. PAYMENT

DSCYF will authorize and process for payment each invoice within thirty (30) days after the date of receipt. The contractor or vendor must accept full payment by procurement (credit) card and/or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions.